MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35014

1. PLACE OF DEATH

County...................... Registration District No. ...181... File No. ....

Township...................... Primary Registration District No. ..1003.. Registered No. ..9225..

City ..St Louis Mo.. (No. ..City Hospital 2.. ....St. ......Ward)

2. FULL NAME ..Elizabeth Wiggins..

(a) Residence, No. ..1316 N 11th St.., ..25.. Ward.

(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..8.. yrs. .... mos. .... ds. How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ..Female.. **4. COLOR OR RACE** ..Col.. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) ..Single..

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ..12 - 8 - 1910..

7. AGE YEARS ..22.. MONTHS ..10.. DAYS ..15.. If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..Housework..

10. Date deceased last worked at this occupation (month and year) .... **11.** Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..Tenn..

13. NAME ..Peter Wiggins..

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..Miss..

15. MAIDEN NAME ..Eliza Robinson..

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..Miss..

17. INFORMANT ..O. Gertrude Creath.. (ADDRESS) ..City Hosp 2..

18. BURIAL, CREMATION, OR REMOVAL PLACE ..Father Dickson cemetery.. DATE ..10/26/33..

19. UNDERTAKER (ADDRESS) ..2617 N 34 Grandway.. ..J T Budeck..

20. FILED ..OCT 26 1933.. 19.... ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ..10 - 23 - 19 33..

22. I HEREBY CERTIFY, That I attended deceased from ..6 - 30 - 1933.., to ..10 - 23 - 19 33..

I last saw her alive on ..10 - 23 - 1933.. Death is said to have occurred on the date stated above, at ..11 P.. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

..Pulmonary Tuberculosis..

Other contributory causes of importance: ....

Name of operation ..None.. Date of ....

What test confirmed diagnosis ..Clin. Lab.. Was there an autopsy? ..No..

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) ..R Smith.., M. D.

(Address) ..City Hosp 2..